

FROM :

PHONE NO. :

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PRINTED: 07/08/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/18/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OAKWOOD FAMILY CARE HOME

511NC HIGHWAY 87
REIDSVILLE, NC 27320

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This report is of a biennial construction survey done by Bob Getchell on June 18, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on July 01, 1986. Based on this we are requiring the home to be in compliance with the 1984 and the applicable portions of the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, the 1968 Uniform Residential Building Code (Volume 1B) and, the 1978 (Revision 5) North Carolina State Building Code - Section 409.1(g)- Residential Care Facilities. Deficiencies were noted which will require a new plan of correction.	C 000		
C 101	Existing Licensed-No Less than 71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701	C 101		

CONSTRUCTION SECTION
JUN 21 2015
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

4100

B79H21

If construction sheet 1 of 6

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER OAKWOOD FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 511NC HIGHWAY 87 REIDSVILLE, NC 27320		
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C 101	Continued From page 1 Barbour Drive, Raleigh, North Carolina 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the front bathroom door width is not in accordance with the Rules in effect at the time the facility was first licensed. Findings include: The front bathroom door is 2 feet wide This is not in conformance with the 1984 Licensure Rule that bathroom doors be a minimum of 2 feet six inches wide. Note: At the time of survey it was not noted that the bathroom door is located in a structurally bearing wall.	C 101 101	<i>Will request a copy from The Division of Health Services Reg. Ins. Sec.</i>	7/3/15
C 110	Construction-Basement, Attic SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by allowing storage in the attic. Findings include: There are stored items in the attic.	C 110	<i>Items are remove from attic.</i>	7/17/15
C 132	Bathroom-For Each 5 or Fewer SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (a) Adult care homes licensed on or after April 1, 1984, shall have one full bathroom for each five	C 132		

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C 132	Continued From page 2 or fewer persons including live-in staff and family. This Rule is not met as evidenced by: 1. Based on observation, the facility did not maintain the required number of showers for the current licensed capacity. Findings include: Facility licensed for 6 residents, however the left end bathroom shower is out of service, leaving only one shower available. (Current census reflects 3 residents in the facility).	C 132		
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having a loose grab bar at the toilet. Findings include: The right end bathroom has a loose grab bar at the toilet.	C 135	I will contact RCOSS And Adult Care License (For 5 residents capacity license Bathroom shower will be repair)	8/12/15
C 136	Bathroom-Nonskid In Tub/Showers SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (f) Nonskid surfacing or strips must be installed in showers and bath areas. This Rule is not met as evidenced by: 1. Based on observation, the front shower was	C 136	Bar will be placed in loose grab bar at toilet	7/31/15

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C 136	Continued From page 3. not maintained safe. Findings include: a) The front bathroom tub does not have any no skid strips or a textured floor.	C 136 136	<i>Skid strips are placed in 7/16/15 front bathroom tub</i>	
C 143	Corridor-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having corridors obstructed. Findings include: a) The corridor is blocked by a door that has a latch, but no door knobs, making it impossible to open in the event the door closes. b) The corridor is blocked by a door that has locking hardware.	C 143 143	<i>A. Door knobs without locks will be place on doors 7/22/15</i> <i>B. Door knobs without locks will be place on doors 7/22/15</i>	
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code	C 168		

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C 168	Continued From page 4 enforcement official. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include: The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10	C 168 168	<i>Fire extinguisher tag will be checked on monthly inspection</i>	<i>7/1/15</i>
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. The facility was not maintained in a safe manner by having electrical and plumbing components that are not installed in accordance with the Codes and Rules in effect at the time the facility was first licensed. Findings include: a) In the crawlspace the hot water heater is missing the drain line on the temperature and pressure relief valve. b) In the crawlspace the hot water heater has exposed contacts exposed where the access	C 174 174	<i>The drain line will be replace on the pressure relief valve Access cover on water heater</i>	<i>7/16/15</i>

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C 174	Continued From page 5 cover was removed. 2. Based on observation, the facility was not maintained operable by having doors that did not close completely and latch. This could affect a residents privacy. Findings include: a) The middle front bedroom door will not close and latch. 3. Based on observation, the facility was not maintained in a safe manner by having an exit ramp in disrepair. Findings include: a) The ramp on the right end of the building has nails backing out of the guardrails creating a cut hazard. b) Two deck boards on the ramp have split and curled up creating a trip hazard. c) The deck boards have nails backing out creating a trip hazard. 4. Based on observation, the facility bedrooms were not maintained clean. Findings include: There were cobwebs and dirt observed behind the furniture, around the beds, along the walls and in the corners of the bedrooms.	C 174	CONSTRUCTION SECTION JUL 21 2015 RECEIVED The latch on the middle front bedroom door will be repaired A Ramp guard rails will be repaired with screws B Deck boards will be replaced C Deck boards will be connected with screws 4. Bedrooms are clean every day by 10:00AM or 10:30AM	7/31/15 8/18/15 8/18/15 Every day